



U.S. Department of Education

Federal Student Aid Federal Direct Loan Program

Program Year Closeout Zero Balance Confirmation Form

Date: _____

School Name: _____

G-code: _____

Name of School Official (Print) _____

Title of School Official _____

Telephone #/E-mail: _____

Program Year to be Closed Out: _____

SAS Ending Cash Balance: _____

End Date of SAS: _____

School Ending Cash Balance: _____

End Date of School Balance: _____

I am certifying that my school's internal cash balance is \$0 for the Program Year referenced above. This is in agreement with the Department's official ending cash balance reflected in my school's most recent SAS report. My school has no outstanding issues for this program year. I understand that by submitting this request, I authorize the Department of Education to take the following actions for the Program Year listed above:

1. The Department will send a closeout letter to your school.
2. COD will stop processing or accepting any data without Department review and approval.
3. GAPS will be shut down and your school will be unable to request drawdowns or reallocate funds without Department review and approval.
4. The SAS report will no longer be sent to your school unless your balance changes.

I understand that these measures are being taken to protect my school from further changes to my Ending Cash Balance. If I should need to submit data for this year at a future time, I should contact COD Customer Service (COD) at 1-800-848-0978.

Signature of School Official: _____

Mail a copy of this form to: **COD School Relations Center**
PO BOX 9001
Niagara Falls, NY 14302

Or Fax to: 877-623-5082